

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B.A	70385	
O.I.P.E. CLASSIFIER		49	3/30/60
FORMALITY REVIEW	LB	65373	
RESPONSE FORMALITY REVIEW			7-1-1

INDEX OF CLAIMS

10/20/00

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral) ...	Canceled	A	Appeal
1/2	Restricted	O	Objected

Claim	Final	Original	Date
		8	5/11/5
		01	02/03/03
1	✓	✓	✓
2		✓	✓
3	✓	✓	✓
4	N	✓	✓
5		✓	
6		✓	
7		✓	
8	N	✓	
9	✓	✓	
10		✓	
11		✓	
12	✓	✓	
13		✓	
14		✓	
15		✓	
16		✓	
17		✓	
18		✓	
19		✓	
20		✓	
21	✓	✓	
22		✓	
23		✓	
24		✓	
25	✓	✓	
26	N	✓	✓
27		✓	
28		✓	
29		✓	
30		✓	
31	✓	✓	
32		✓	
33		✓	
34		✓	
35		✓	
36		✓	
37		✓	
38		✓	
39		✓	
40		✓	
41	✓	✓	
42		✓	
43		✓	
44		✓	
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Claim	Date				
Final Original					
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here